

IA (INCUMBENT) DATA SHEET

Revised as of 21 January 04

Rank	Name	SSN/MOS
MCC	Parent Command	DSN Phone #
Email Address		

COMPONENT: ACTIVE / SMCR / IRR
(CIRCLE ONE)

GAINING COMMAND: _____ LINE NUMBER: _____

BILLET DESCRIPTION: _____ BILLET MOS: _____

SECURITY CLEARANCE REQUIRED FOR BILLET: _____

INVESTIGATION INFO FORWARDED TO MARCENT SSO: YES / NO

US CITIZEN: YES / NO
(CIRCLE ONE)

EAS: _____ ECC: _____

TRAVEL INFO WHILE IN TAMPA

FLIGHT ITINERARY:

DEPART	FLT #	TIME	DATE	ARRIVE	FLT #	TIME	DATE
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HOTEL: _____

LOCATION: _____

ROOM #: _____

TELEPHONE #: _____

RENTAL CAR RESERVATIONS MADE: YES / NO
(CIRCLE ONE)

ENCLOSURE (1)

PART I

ADMINISTRATION

Rank	Name	SSN/MOS
MCC	Parent Command	DSN Phone #

ORDERS WRITING INSTRUCTIONS. ENSURE ORDERS ADDRESS THE FOLLOWING MATTERS:

- ❑ TAD FOR A PERIOD OF 210 DAYS.
- ❑ PURPOSE OF TAD: IN SUPPORT OF OPERATION ENDURING FREEDOM (OEF) OR OPERATION IRAQI FREEDOM (OIF).
- ❑ LIST SECURITY CLEARANCE IN ORDERS (TYPE INVESTIGATION, INVESTIGATING AGENCY, DATE OF INVESTIGATION, DATE INVESTIGATION ADJUDICATED, CLEARANCE HELD, CLEARANCE ELIGIBLE FOR). MUST BE VERIFIED BY SSO OR SECURITY MANAGER. DO NOT USE 3270 OR MOL. **IF A PERIODIC RE-INVESTIGATION IS REQUIRED, IT MUST BE SUBMITTED TO DEFENSE SECURITY SERVICE PRIOR TO DEPARTING PARENT COMMAND.**
 - ENSURE PERSONNEL HAVE THE REQUIRED SECURITY CLEARANCE FOR THE BILLET PRIOR TO DEPLOYMENT. FORWARD SECURITY CLEARANCE INFORMATION (QUOTE "VISIT REQUEST" UNQUOTE) TO MARFORCENT FORWARD (TAMPA) 30 DAYS PRIOR TO TRAVEL. IF UNABLE TO MEET THE 30 DAY ADVANCE NOTIFICATION EXPLAIN REASON IN VISIT REQUEST. **ENSURE MARFORCENT TAMPA IS INCLUDED AS A INFO ADDRESSEE ON ALL CORRESPONDENCE CONCERNING VISIT REQUESTS.**
- ❑ GAINING COMMAND AND LINE NUMBER ASSIGNED.
 - GAINING COMMAND: _____
 - LINE NUMBER: _____
 - BILLET DESCRIPTION: _____
 - BILLET MOS: _____

- ❑ VARIATION IN ITINERARY AUTHORIZED.
- ❑ COMPLETE TRAVEL CLAIM WITHIN 5 DAYS UPON REPORTING.
- ❑ EXCESS BAGGAGE AUTHORIZED.
 - AUTHORIZATION IN ORDERS FOR 5 TOTAL PIECES OF CHECKED BAGGAGE, NOT TO EXCEED 70 LBS PER BAG, PLUS A CASED WEAPON.
 - CHECKED BAGGAGE IN EXCESS OF 70 LBS WILL BE CONSIDERED AS TWO PIECES AND ITEMS OVER 100 LBS WILL NOT BE ACCEPTED
 - TOTAL BAGGAGE WEIGHT MUST NOT EXCEED 350 POUNDS
 - CARRY-ON BAGS WILL NOT EXCEED 45 LINEAR INCHES DEFINED AS LENGTH PLUS WIDTH PLUS HEIGHT
 - PARARESCUE, FIREFIGHTERS, EOD, AND SPECIAL OPERATION MEMBERS ARE AUTHORIZED 3 ADDITIONAL PIECES OF BAGGAGE FOR PROFESSIONAL GEAR
 - EACH BAG WILL NOT EXCEED 70 POUNDS PER BAG, FOR A COMBINED TOTAL OF 8 BAGS, NOT TO EXCEED 560 POUNDS.

DEPLOYING PERSONNEL EXCEEDING THESE BAGGAGE LIMITS WILL EXPERIENCE GATEWAYS REJECTING MOVEMENT. GATEWAYS ARE NOT RESPONSIBLE FOR STORAGE OF REJECTED BAGS; THEREFORE, PASSENGERS WILL NOT BE SEPARATED FROM THEIR BAGGAGE TO TRAVEL. THE TERM "EXCESS BAGGAGE" (REFLECTED IN CED ORDERS) IS USED TO ALLOW REIMBURSEMENT FOR CHARGES INCURRED FROM COMMERCIAL CARRIERS FOR THE A, B, C BAGS, AND CASED WEAPON TO THE APOE, NOT FOR ADDITIONAL PERSONAL BAGS THAT EXCEED AUTHORIZED ALLOWANCES.

EXCESS BAGGAGE: BAGGAGE IN EXCESS OF THE ABOVE RESTRICTIONS IS CONSIDERED EXCESS BAGGAGE AND WILL NOT BE SHIPPED BY WAY OF CONTRACTED AEF COMMERCIAL ROTATORS. REQUIRED ITEMS OVER AND ABOVE THESE LIMITATIONS MUST BE SENT AS CARGO FROM DEPLOYING MEMBERS' HOME STATION. TO ASSIST PERSONNEL WITH SHIPPING EXCESS BAGGAGE, PRU'S AND TMO'S MUST ENSURE ALL DEPLOYMENT ORDERS CLEARLY IDENTIFY MEMBERS' FINAL DESTINATION.

- ❑ UPON COMPLETION OF TAD RETURN TO PERMANENT DUTY STATION AND RESUME REGULAR DUTY.
- ❑ USE OF GOVERNMENT MESSING AND LODGING. GOVT MESSING AND LODGING ARE NOT AVAILABLE WHILE IN TAMPA. AUTH FULL PER DIEM WHILE IN TAMPA.
- ❑ USE OF GOVT CHARGE CARD AUTHORIZED (THIS IS A MANDATORY REQUIREMENT).
 - ENSURE PERSONNEL DEPLOY WITH AN ACTIVE GOVT CHARGE CARD. TO ALL UNIT GOVERNMENT CHARGE CARD AGENCY PROGRAM

COORDINATORS: PLEASE NOTE THAT PERSONNEL NOMINATED TO FILL IA BILLETS NEED AUTH OF A MONTHLY LIMIT UP TO BUT NOT TO EXCEED 5,000 DOLLARS AND A MAX CREDIT LIMIT OF 12,000.

- ❑ RENTAL CAR IS AUTHORIZED. DUE TO LIMITED MILITARY FACILITIES, THE USE OF RENTAL CAR IS REQUIRED WHILE IN TAMPA.
- ❑ POV IS NOT AUTHORIZED UNLESS AUGMENTING MARFORCENT, HQ USCENTCOM OR SOCCENT AND REMAINING IN TAMPA, FL.
- ❑ MILITARY AND DOD PERSONNEL ARE REQUIRED TO HAVE A VALID ARMED FORCES IDENTIFICATION CARD AND TWO (2) COPIES OF ORIGINAL ORDERS.
- ❑ PERSONNEL ARE **ENCOURAGED** (*NOT REQUIRED*) TO DEPLOY WITH OFFICIAL AND/OR PERSONAL PASSPORTS. SOME COUNTRIES IN THE USCENTCOM AOR REQUIRE PASSPORTS AND VISAS FOR ENTRY UNDER OTHER THAN VERY SPECIFIC MEANS.
- ❑ ENSURE DEPLOYING PERSONNEL ARE AWARE OF THREAT LEVEL SET BY USCENTCOM THROUGHOUT USCENTCOM'S AOR.
- ❑ ENSURE PERSONNEL RECEIVE ANTI-TERRORISM FORCE PROTECTION TRAINING PRIOR TO DEPLOYMENT IAW CENTCOM OPORD 97-01.
- ❑ ENSURE PERSONNEL ARE RAN TAD IN EXCESS IN MCTFS.
- ❑ ENSURE PERSONNEL BRING THEIR SRB/OQR, A PAPER COPY OR A SCANNED COPY OF THEIR SRB/OQR IN ADOBE ACROBAT (.PDF FORMAT) WILL ALSO SUFFICE TO MEET THIS REQUIREMENT.

COMMAND CERTIFICATION:

I HAVE PERSONALLY SCREENED _____/_____.
GRADE NAME SSN/MOS

SNM HAS COMPLETED ALL PRESCREENING REQUIREMENTS, POSSESS A GOVERNMENT CREDIT CARD, AND IS ADMINISTRATIVELY PREPARED FOR DEPLOYMENT TO THE USCENTCOM AOR.

_____ COMMANDING OFFICER'S PRINTED NAME <i>OR DESIGNATED REPRESENTATIVE</i>	_____ RANK	_____ BILLET
_____ COMMANDING OFFICER'S SIGNATURE	_____ DATE	_____ DSN Number

PART II

MINIMUM GEAR LIST REQUIREMENTS

Rank	Name	SSN/MOS
MCC	Parent Command	DSN Phone #

PERSONNEL WILL DEPLOY WITH APPROPRIATE INDIVIDUAL PROTECTIVE EQUIPMENT (IPE) (2 SETS), 782 GEAR, T/O WEAPON AND PERSONAL COMFORT ITEMS TO INCLUDE MEDICAL PRESCRIPTIONS. SEE BELOW GEAR LIST.

BEFORE DEPLOYING FROM THEIR HOME STATION OR DEPLOYING INTO THEATER, ALL PERSONNEL WILL HAVE THEIR T/O WEAPON. NO AMMUNITION OR PERSONAL WEAPONS ARE AUTHORIZED. PARENT UNITS MUST COORDINATE SHIPMENT OF WEAPONS, TO INCLUDE PROVIDING APPROPRIATE SHIPPING CASE. PARENT UNITS WILL INCLUDE AUTHORIZATION TO TRANSPORT WEAPONS IN TRAVEL ORDERS TO INCLUDE WEAPON SERIAL NUMBER AND A SEPARATE LETTER OF TRANSMITTAL AUTHORIZING THE MEMBER TO DRAW ORDNANCE EQUIPMENT FROM THE PARENT ARMORY AND TRANSFER THE ORDNANCE EQUIPMENT TO THE GAINING COMMAND'S ARMORY DURING THE STATED PERIOD OF THE TAD ORDERS; LIST A POC AT THE PARENT UNIT. DIRECT LIAISON WITH GAINING TASK FORCE COMMAND IS REQUIRED TO ENSURE PROPER PROCEDURES ARE FOLLOWED TO ALLOW WEAPON ENTRY IN COUNTRY. SEE BELOW GEAR LIST FOR REQUIRED SL-3 GEAR.

DUTY UNIFORM IS DESERT UTILITIES (2 SETS). TRAVEL VIA COMMERCIAL MEANS WILL BE IN APPROPRIATE CIVILIAN ATTIRE. SEE BELOW GEAR LIST.

BEFORE DEPLOYING FROM THEIR HOME STATION OR DEPLOYING INTO THEATER WITH MARINES FORCES, ALL PERSONNEL WILL HAVE AT THE MINIMUM THEIR T/O WEAPON AND INDIVIDUAL EQUIPMENT AS LISTED:

- ❑ SRB / OQR
- ❑ MEDICAL RECORD (SKELETON RECORD) ORIGINAL SHOULD STAY AT PDS
- ❑ DENTAL RECORD (SKELETON RECORD) ORIGINAL SHOULD STAY AT PDS
- ❑ IMMUNIZATION VACCINATION RECORD
- ❑ DESERT UTILITIES (4 SETS)
- ❑ DESERT BOOTS (2 PAIR)
- ❑ DESERT COVERS (1) BOONIE OR UTILITY
- ❑ HELMET, FRAGMENTATION (1)
- ❑ DESERT HELMET COVER (1)
- ❑ BODY ARMOR, FRAG. (1)
- ❑ SAPI PLATES FOR BODY ARMOR, FRAG (2)
- ❑ DESERT BODY ARMOR COVER (1)
- ❑ GORTEX TOP (DESERT PATTERN IF AVAILABLE) (1)
- ❑ GORTEX BOTTOM (OPTIONAL AND DESERT PATTERN IF AVAILABLE) (1)

- ❑ GAS MASK W/ COMBAT FILTER IN CANISTER (1)
- ❑ (OPTICAL GAS MASK INSERTS AS REQUIRED)
- ❑ COMBAT C2 CANISTERS (3)
- ❑ HOOD (1)
- ❑ 2ND SKIN (1)
- ❑ MOPP SUIT COMPLETE W/GLOVES & BOOTS (2 SETS)
- ❑ M291 SKIN DECON KIT (2 KITS)
- ❑ M-8 PAPER (1 PACKAGE)
- ❑ M-9 TAPE (1 ROLL)
- ❑ ALICE PACK W/FRAME (1)
- ❑ DESERT PACK COVER (1)
- ❑ H-HARNESS OR LBV (1)
- ❑ CARTRIDGE BELT (1)
- ❑ CANTEEN W/ COVER (2)
- ❑ CANTEEN CUP (1)
- ❑ FIRST AID KIT COMPLETE (1)
- ❑ GOGGLES (OPTIONAL) (1)
- ❑ E-TOOL W/COVER (1)
- ❑ BUTT PACK (1)
- ❑ FLASHLIGHT W/BATTERIES (1)
- ❑ T/O WEAPON
 - ❑ WEAPON TYPE: _____
 - ❑ SERIAL # _____
- ❑ AMMO POUCHES (M16/9MM)(2)
- ❑ 9MM MAGAZINES 9MM ONLY (2)
- ❑ M16 MAGAZINES M16 ONLY (6)
- ❑ LANYARD (9MM ONLY)(1)
- ❑ SLING (M16 ONLY)(1)
- ❑ WEAPONS CLEANING GEAR (1 SET)
- ❑ POLY-PRO TOP & BOTTOM (1)
- ❑ BLACK GLOVES W/ INSERTS (1 PAIR)
- ❑ BLACK WATCH CAP (1)
- ❑ SLEEPING SYSTEM COMPLETE (1)
- ❑ WATERPROOF BAG (1)
- ❑ ISO-MAT (1)
- ❑ INSECT NET & POLES (1)
- ❑ INSECT HEAD NET (AS REQUIRED)(1)
- ❑ SEA BAG (2)
- ❑ COMBINATION LOCK (2)
- ❑ ID CARD
- ❑ PASSPORT OFFICIAL (SUGGESTED)
 - (IF NO PASSPORT IS AVAILABLE BRING STATE BIRTH CERTIFICATE WITH
RAISED SEAL IOT OBTAIN PASSPORT LATER)
- ❑ PASSPORT TOURIST (SUGGESTED)
- ❑ DOG TAGS (MEDICAL TAGS INCLUDED) (2 SETS)
- ❑ SOCKS GREEN OR BLACK (6)
- ❑ GREEN T-SHIRTS (6)
- ❑ PT GEAR COMPLETE W/RUNNING SHOES (1 SET)
- ❑ SOCKS WHITE (6)

- ☐ UNDERWEAR (6)
- ☐ RANK INSIGNIA (2 SETS)
- ☐ WEB BELT (2) OR MARTIAL ARTS BELT
- ☐ MOUTH PIECE
- ☐ BOOT BANDS (2 SETS)
- ☐ BOOT LACES (2 SETS)
- ☐ TOWEL (2)
- ☐ FACE CLOTH
- ☐ LAUNDRY BAG W/ PIN
- ☐ PRESCRIPTION EYE GLASSES (2)
- ☐ MEDICAL PRESCRIPTION DRUGS (90 DAY SUPPLY)
- ☐ PROPER CIVILIAN ATTIRE W/SHOES (3 SETS)
(SLACKS AND COLLARED SHIRTS W/ NO MILITARY MARKINGS)
- ☐ SHOWER SHOES (1 PR)
- ☐ SEWING KIT (1)
- ☐ HYGIENE KIT COMPLETE (30 DAY SUPPLY) (1)
- ☐ CHAP STICK
- ☐ SUN SCREEN
- ☐ CARRY-ON BAG NON-MILITARY (1)
- ☐ CLOTHING MARKING KIT (1)
- ☐ EAR PLUGS (1 SET)
- ☐ GREEN SWEATS TOP/BOTTOM (1 SET)

I HAVE IN MY POSSESSION ALL OF THE REQUIRED GEAR, TO INCLUDE T/O WEAPON.
I UNDERSTAND THAT ALL OF THE REQUIRED GEAR AND MY T/O WEAPON MUST
ACCOMPANY ME DURING TRANSIT TO THE AOR.

I UNDERSTAND THAT OVERNIGHT STORAGE OF MY T/O WEAPON IS NOT
AUTHORIZED WHILE TRANSITING MARCENT FORWARD.

MEMBERS SIGNATURE

COMMAND CERTIFICATION:

I HAVE PERSONALLY SCREENED _____/_____.
GRADE NAME SSN/MOS

SNM HAS COMPLETED ALL PRESCREENING REQUIREMENTS, POSSESSES ALL
REQUIRED GEAR, T/O WEAPON, AND IS PREPARED FOR DEPLOYMENT TO THE
USCENTCOM AOR.

COMMANDING OFFICER'S PRINTED NAME
OR DESIGNATED REPRESENTATIVE

RANK

BILLET

COMMANDING OFFICER'S SIGNATURE

DATE

DSN Number

PART III

HEALTH RECORDS AND MEDICAL READINESS SCREENING/INFORMATION

Rank	Name	SSN/MOS
MCC	Parent Command	DSN Phone #

MEMBERS WILL DEPLOY WITH A SKELETON MEDICAL RECORD TO: (1) LIMIT WEIGHT AND CUBE OF MEDICAL RECORDS AND (2) LIMIT RISK OF RECORDS BECOMING MISPLACED. SKELETON RECORD WILL UTILIZE THE STANDARD RECORD JACKET (NAVMED 6150/XX LABELED QUOTE SKELETON RECORD UNQUOTE):

- ❑ UPDATED AND CURRENT DD-2766 (ADULT PREVENTIVE AND CHRONIC CARE FLOW SHEET).
- ❑ BLOOD TYPE AND RH.
- ❑ CURRENT MEDICATIONS AND ALLERGIES.
- ❑ SPECIAL DUTY QUALIFICATIONS.
- ❑ COPIES OF SF-601S (IMMUNIZATION RECORD) THIS INCLUDES SPECIAL SF-600S AND SF-601S FOR ANTHRAX AND SMALLPOX. ALL IMMUNIZATIONS ADMINISTERED MUST BE TRANSMITTED TO DEERS PRIOR TO DEPLOYMENT
- ❑ THE UP-TO-DATE PHS-731 (INTERNATIONAL CERTIFICATES OF VACCINATION A/K/A YELLOW SHOT CARD) WILL BE HAND CARRIED BY MBR.
- ❑ SUMMARY SHEET OF CURRENT AND PAST MEDICAL AND SURGICAL PROBLEMS, INCLUDING G6PD STATUS, AND SICKLE CELL TRAIT STATUS.
- ❑ PHYSICAL EXAM (PERIODIC AND ANY APPLICABLE SPECIALTY PHYSICAL) MUST BE CURRENT AND A PHOTO COPY OF LAST PHYSICAL EXAM INCLUDED.

- ❑ IF MBR IS UNDER CARE FOR AN ACTIVE/CHRONIC HEALTH CONDITION, COPIES OF 3 LAST SF-600 ENTRIES.

- ❑ TUBERCULOSIS SCREENING: MUST HAVE DOCUMENTATION OF A PPD PERFORMED WITHIN THE PREVIOUS 12 MONTHS. ANOTHER WILL BE PERFORMED 6-12 WEEKS AFTER RETURN FROM DEPLOYMENT.

- ❑ HIV SCREENING: MUST HAVE DOCUMENTATION OF HIV SCREENING WITHIN THE PREVIOUS 12 MONTHS.

- ❑ DNA SAMPLE: CONFIRM THAT SAMPLE IS ON FILE. CONTACT THE DOD DNA SPECIMEN REPOSITORY (TELEPHONE 301-319-0366, DSN PREFIX 285; E-MAIL AFRSSIR@AFIP.OSD.MIL). DOCUMENT ON DD-2766.

- ❑ COPY OF SNAP AUTOMATED MEDICAL SYSTEM (SAMS) TRANSFER DISK. IF MULTIPLE MBRS DEPLOYING TO THE SAME LOCATION, MAY USE ONE DISK FOR THE DET.
- ❑ MBR TO DEPLOY WITH FULL DENTAL RECORD, INCLUDING DOCUMENTATION OF CURRENT DENTAL CLASS I OR II NOTED. (NOTE: DENTAL CLASS 3 AND 4 ARE CONSIDERED NON-DEPLOYABLE).
- ❑ PRESCRIPTION MEDICATIONS. NON-FORMULARY PRESCRIPTIONS ARE VERY DIFFICULT TO OBTAIN IN THEATER AND SUPPLIES OF ALL MEDICATIONS ARE LIMITED. ALL MEMBERS WILL DEPLOY WITH SUFFICIENT PERSONAL MEDICATIONS FOR THE DURATION OF THE DEPLOYMENT, ALTERNATELY 90 DAYS SUPPLY WITH FOLLOW-ON BY TRICARE MAIL-ORDER PHARMACY REFILL IS RECOMMENDED. DETAILS AVAILABLE AT WWW.MERCK.MEDCO.COM UNTIL 01 MAR 03, WWW.EXPRESS-SCRIPTS.COM AFTER 01 MAR 03.
- ❑ PRESCRIBED PERSONAL MEDICAL EQUIPMENT. PROVIDE 2 PR PRESCRIPTION EYEGLASSES, PROTECTIVE MASK INSERTS, PROSTHETICS, AND ORTHODONTIC EQUIPMENT AS REQUIRED BY THE SERVICE MEMBER. IF MBR WEARS CONTACT LENSES, A SUFFICIENT QUANTITY OF LENSES AND CLEANING SUPPLIES TO LAST THE LENGTH OF THE DEPLOYMENT MUST BE BROUGHT IN ADDITION TO THE 2 PR EYEGLASSES AND INSERTS.
- ❑ PERSONAL PROTECTIVE EQUIPMENT (PPE). PROVIDE RESPIRATORY AND HEARING PROTECTION, PERSONAL EXPOSURE DOSIMETERS, AND PERSONAL SAFETY EQUIPMENT REQUIRED IN THE PERFORMANCE OF DUTIES ON DEPLOYMENT.
- ❑ MEDICAL WARNING TAGS, IF APPROPRIATE
- ❑ ALL PERSONNEL MUST BE ASSESSED AND DETERMINED TO BE MEDICALLY AND PSYCHOLOGICALLY FIT FOR WORLDWIDE DEPLOYMENT. UNRESOLVED HEALTH CONDITIONS (INCLUDING BUT NOT LIMITED TO PREGNANCY, PSYCHIATRIC, AND DENTAL CONDITIONS) WHICH RESULT IN A LIMITED DUTY OR LIGHT DUTY STATUS, MAY POSE A THREAT TO ALL DEPLOYING PERSONNEL AND MAY HINDER THE OPERATIONAL MISSION AND UNNECESSARILY BURDEN THE IN-THEATER MEDICAL SYSTEM. DEPLOYABLE COMBAT HEALTH INFRASTRUCTURE PROVIDES ONLY LIMITED AND ROUTINE MEDICAL CARE. THEREFORE, SERVICE MEMBERS DEEMED UNABLE TO COMPLY WITH DEPLOYMENT REQUIREMENTS ON A CONTINUING BASIS AND THOSE FOR WHOM DEPLOYMENT IS DEEMED A THREAT TO THE INDIVIDUAL OR OTHERS DUE TO DIAGNOSED MEDICAL, DENTAL, OR MENTAL HEALTH CONDITION ARE CONSIDERED UNFIT FOR DEPLOYMENT. DEPLOYED SERVICE MEMBERS EVIDENCING SUCH CONDITIONS AFTER INITIAL DEPLOYMENT WILL BE RETURNED TO HOME STATION IMMEDIATELY UNLESS AN EXCEPTION IS GRANTED BY COMUSMARFORCENT. REQUEST FOR SUCH EXCEPTIONS SHOULD BE FORWARDED THROUGH THE CHAIN OF COMMAND.

IMMUNIZATION REQUIREMENTS. DEPLOYING UNITS MUST BE CURRENT IN THE FOLLOWING IMMUNIZATIONS:

- ❑ HEPATITIS A VACCINE
- ❑ HEPATITIS B VACCINE. REQUIRED FOR ALL MEDICAL PERSONNEL AND OTHERS AT OCCUPATIONAL RISK OF EXPOSURE TO BODY FLUIDS, INCLUDING THOSE WITH PRIMARY OR CONTINGENCY ROLE IN LAW AND PEACE ENFORCEMENT. RECOMMENDED FOR OTHERS.
- ❑ MMR VACCINE
- ❑ POLIO
- ❑ TETANUS/DIPHTHERIA
- ❑ TYPHOID
- ❑ INFLUENZA-CURRENT YEAR'S VACCINE
- ❑ YELLOW FEVER
- ❑ MENINGOCOCCAL VACCINE. REQUIRED OF ALL MBRS ASHORE FOR GREATER THAN 15 DAYS.
- ❑ ANTHRAX. MUST HAVE A MINIMUM OF 3 ANTHRAX VACCINATIONS.
- ❑ SMALLPOX. SMALLPOX VACCINATION PER CURRENT USD AND MARADMIN GUIDANCE.
- ❑ MALARIA. MALARIA CHEMOPROPHYLAXIS REQUIREMENTS AND RISK VARY BY LOCATION AND SEASON WITHIN THE CENTCOM AOR. UNIT MEDICAL PERSONNEL SHOULD CHECK THE HEALTH RISK ASSESSMENT FOR THE SPECIFIC AREA IN WHICH THEIR UNITS WILL OPERATE. PERSONAL PROTECTIVE MEASURES(PPM) REMAIN THE FIRST LINE OF DEFENSE AGAINST VECTOR-BORNE DISEASE. CHLOROQUINE RESISTANT STRAINS ARE COMMON.
- ❑ MEDICAL NBC DEFENSE ITEMS. CONTINGENCY OPERATIONS AND UNIT DEPLOYMENTS OF 15 DAYS OR LONGER, ATROPINE AND 2-PAM AUTOINJECTORS (THREE OF EACH INJECTOR PER DEPLOYING INDIVIDUAL) WILL BE EITHER BULK SHIPPED OR INDIVIDUALLY ISSUED. ADDITIONALLY, UNITS DEPLOYING TO THE ARABIAN PENINSULA WILL BULK SHIP CIPROFLOXIN 500 MG TABS (SIX EACH PER DEPLOYING INDIVIDUAL), PYRIDOSTIGMINE BROMIDE (PB) TABS (ONE 18 OR 21 TABLET BLISTER PACK PER DEPLOYING INDIVIDUAL), CANA AUTOINJECTORS (ONE EACH PER DEPLOYING INDIVIDUAL) WITH THE DEPLOYING UNIT. IN THE EVENT OF THE UNIT NOT HAVING ORGANIC MEDICAL ELEMENTS, SERVICE COMPONENTS PROVIDING FORCES WILL ENSURE ADEQUATE AMOUNTS ARE PREPOSITIONED FOR DEPLOYED FORCES. INDIVIDUAL ISSUE OF CANA AND PB TABS IS NOT AUTHORIZED UNTIL DIRECTED.
- ❑ HEALTH ASSESSMENT QUESTIONNAIRES: FOR DEPLOYMENTS IN EXCESS OF 30 DAYS, PRE-DEPLOYMENT QUESTIONNAIRES (FORM DD-2795) ARE REQUIRED. WITHIN FIVE DAYS OF RETURNING TO HOME STATION, POST-DEPLOYMENT QUESTIONNAIRES (FORM DD-2796) ARE ALSO REQUIRED.

- HEALTH THREAT BRIEFINGS: ALL DEPLOYING PERSONNEL MUST RECEIVE A PRE-DEPLOYMENT BRIEF BY PREVENTIVE MEDICINE OR OTHER MEDICAL PERSONNEL ON HEALTH THREATS AND COUNTER MEASURES FOR THE AOR AND THEIR DESTINATION TO INCLUDE BUT NOT LIMITED TO THE FOLLOWING:
 - A SIGNIFICANT RISK OF DISEASE CAUSED BY INSECTS AND TICKS EXISTS YEAR-ROUND IN THE AOR, TO INCLUDE BUT NOT LIMITED TO MALARIA, LEISHMANIASIS, DENGUE, CONGO-CRIMEAN HEMORRHAGIC FEVER, SCRUB TYPHUS AND SAND FLY FEVER. USING THE DOD INSECT REPELLANT SYSTEM AND BED NETTING WILL MINIMIZE THE THREAT OF DISEASE.
 - TREAT UNIFORMS AND BEDNETS WITH MASS SPRAYED-PERMETHRIN (CONTACT LOCAL NAVAL ENVIRONMENTAL PREVENTIVE MEDICINE UNIT OR FSSG PREVENTIVE MEDICINE UNIT), PERMETHRIN (INDIVIDUAL DYNAMIC ABSORPTION (IDA) KIT NSN: 6840-01-345-0237, OR AEROSOL SPRAY CAN METHOD NSN: 6840-02-278-1366. TREATMENTS OF CLOTHING WILL LAST APPROXIMATELY THROUGH SIX WASHINGS FOR AEROSOL TREATMENT AND FOR ABOUT ONE YEAR WITH THE IDA KIT. PREFER USE OF THE IDA KIT. APPLY DEET CREAM (NSN: 6840-02-284-3982) TO EXPOSED SKIN. ONE APPLICATION LASTS 6-12 HOURS.
 - WEAR UNIFORM SLEEVES DOWN TO MINIMIZE EXPOSED SKIN.
 - RABIES IS PREVALENT AND THEREFORE ALL ANIMALS, DOMESTIC AND WILD, SHOULD BE AVOIDED. QUOTE CAMP PETS OR MASCOTS UNQUOTE ARE PROHIBITED. VENOMOUS ARTHROPODS AND ARACHNIDS (SCORPIONS, SPIDERS, AND RELATED ANIMALS) AND SNAKES ARE COMMON THROUGHOUT THE AOR. THEY HAVE VENOM THAT MAY BE FATAL TO HUMANS. IF BITTEN BY A SNAKE OR STUNG BY A SCORPION SEEK IMMEDIATE MEDICAL ATTENTION.
 - STD. SEXUALLY TRANSMITTED DISEASES (STDs), INCLUDING HIV/AIDS, ARE PREVALENT IN THE AOR. ABSTINENCE IS THE BEST PROTECTION AGAINST STD. ALL PERSONNEL WHO CHOOSE TO ENGAGE IN SEXUAL ACTIVITIES SHOULD USE LATEX CONDOMS TO LESSEN THE CHANCE OF CONTRACTING STDs. WHILE CONDOMS ARE NOT ALWAYS 100 PERCENT EFFECTIVE THEY GREATLY REDUCE THE CHANCE OF INFECTION.
 - ENVIRONMENTAL HEALTH THREATS TO COMUSMARFORCENT FORCES VARIES BY OPERATION, MISSION, ENVIRONMENT, FORCE CONDITION, AND OUR ABILITY TO COUNTER THE HEALTH THREAT. SPECIAL ATTENTION SHOULD BE GIVEN TO THE OPERATIONAL ENVIRONMENT TO PREVENT HEAT AND COLD INJURIES. ADEQUATE HYDRATION, ESPECIALLY DURING INITIAL ACCLIMATIZATION; PROPER WEAR/FIT OF THE UNIFORM; AND USE OF SUNSCREEN AND SUNGLASSES WILL AID IN PREVENTING MANY OF THESE INJURIES.

- WWW.NEHC.MED.NAVY.MIL/NEHCLINK.HTM

MEDICAL OFFICER CERTIFICATION:

DENTAL QUALIFIED: _____
Date Dental Officer's Signature / DSN Number

I HAVE PERSONALLY SCREENED _____/_____.
GRADE NAME SSN/MOS

COMMANDING OFFICER'S PRINTED NAME OR DESIGNATED REPRESENTATIVE	RANK	BILLET
COMMANDING OFFICER'S SIGNATURE	DATE	DSN Number